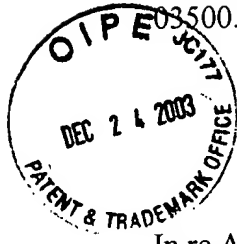


#7/6
1-2-03



03500.014160.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: David Jones
KENJI MIKAMI, ET AL.)	
	:	Group Art Unit: 2622
Application No.: 09/451,442)	
	:	
Filed: November 30, 1999)	
	:	
For: METHOD FOR DISPLAYING)	
DESIRED MESSAGE IN	:	
DISPLAY UNIT OF DATA)	
PROCESSING APPARATUS	:	
FOR VARIOUS PROCESSES)	December 23, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
DEC 29 2003
Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated September 26, 2003, please amend
the above-identified application as follows.



In re Application of:

KENJI MIKAMI, ET AL.

Application No.: 09/451,442

Filed: November 30, 1999

For: METHOD FOR DISPLACING DESIRED MESSAGE
IN DISPLAY UNIT OF DATA PROCESSING
APPARATUS FOR VARIOUS PROCESSES

Docket No. 03500.014160.

Examiner: David Jones

Group Art Unit: 2622

Date: December 23, 2003

MAIL STOP NON-FEE AMENDMENT
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

DEC 29 2003

Technology Center 2000

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 27	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 9	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 39,000

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200